

**Letter of Recommendation to Supplement  
Application for Admission, Graduate School**



***This section to be completed by the applicant before form is given to writer of recommendation.***

Name of applicant \_\_\_\_\_

Degree sought \_\_\_\_\_ Department Major/specialization \_\_\_\_\_

Public Law 93-380 permits the student to inspect this recommendation if the following waiver is not signed.  
I voluntarily waive my right of access to this recommendation so that it may be kept confidential.

\_\_\_\_\_  
Original signature of applicant

**Please rate the applicant. Compare with others of like experience and position. A letter may substitute for the portion of the form below, but should be attached to this form after the top portion is completed by the applicant.**

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Intellectual Achievement						
General Knowledge						
Oral communication skills						
Written communication skills						
Working with others						
Emotional maturity						
Imagination/creativity						

Context in which I have known applicant: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

General assessment of overall academic ability: Of the approximately \_\_\_\_\_ persons at a comparable educational or professional level that I have known in recent years, I would rate this applicant in the upper \_\_\_\_\_ percent.

In addition, please write a statement indicating your opinion of the applicant's ability to pursue advanced studies and achieve professional success in the field desired. Any pertinent information is valuable, but a specific evaluation of strengths and weaknesses is more helpful than general praise. Use the reverse as necessary.

Name \_\_\_\_\_ Original signature \_\_\_\_\_

Position \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_

**RETURN TO:**

**The Graduate School  
Northern Illinois University  
DeKalb, Illinois 60115-2864**